

<i>SERFF Tracking Number:</i>	<i>STFL-126036237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41561</i>
<i>Company Tracking Number:</i>	<i>03040.1</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Act Mem/Pg 3_4</i>		
<i>Project Name/Number:</i>	<i>Annuity 03040.1/Annuity DFA 03040</i>		

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: Annuity Act Mem/Pg 3_4

SERFF Tr Num: STFL-126036237

State: Arkansas

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed-Approved

State Tr Num: 41561

Sub-TOI: A02I.003 Single Premium

Co Tr Num: 03040.1

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Paula Witt

Disposition Date: 02/18/2009

Date Submitted: 02/16/2009

Disposition Status: Approved

Implementation Date Requested: 03/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Annuity 03040.1

Project Number: Annuity DFA 03040

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/18/2009

Deemer Date:

Submitted By: Paula Witt

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Our filing has been accepted on 2/10/09 by Certification

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/18/2009

Created By: Paula Witt

Corresponding Filing Tracking Number:

Dear Sir or Madame

RE: INFORMATIONAL FILING

Enclosed for your review is the following revised actuarial memorandum for Policy FORM 03040 and FORM 03090. It is our plan to implement methodology allowed by the Standard Nonforfeiture Law for Individual Deferred Annuities for determination of the minimum nonforfeiture interest rate for these policies. The minimum nonforfeiture rate in effect at

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<i>Company Tracking Number:</i>	<i>03040.1</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Act Mem/Pg 3_4</i>		
<i>Project Name/Number:</i>	<i>Annuity 03040.1/Annuity DFA 03040</i>		

the time of policy issue will apply throughout the duration of the contract.

FORM 03040 and FORM 03090 were approved by your Department on March 14, 2003.

Pages 3 and 4 for each policy have been revised. The revisions are as follows:

- 1.Revised form #'s: Form 03040.1 and Form 03090.1, respectively.
- 2.The Minimum Guaranteed Interest Rate value and the First Interest Rate Guarantee have been revised and bracketed for variability on page 3.

Effective date of this change is March 1, 2009.

Company and Contact

Filing Contact Information

Paula Witt, Analyst - Contracts & Compliance	paula.witt.czg0@statefarm.com
1 State Farm Plaza	309-735-8570 [Phone]
Bloomington, IL 61710-0001	309-766-8483 [FAX]

Filing Company Information

State Farm Life Insurance Company	CoCode: 69108	State of Domicile: Illinois
1 State Farm Plaza	Group Code:	Company Type:
Bloomington, IL 61710-0001	Group Name:	State ID Number:
(309) 766-4541 ext. [Phone]	FEIN Number: 37-0533090	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	2 forms @ \$50.00 each = \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$100.00	02/16/2009	25742676

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<i>Company Tracking Number:</i>	<i>03040.1</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Act Mem/Pg 3_4</i>		
<i>Project Name/Number:</i>	<i>Annuity 03040.1/Annuity DFA 03040</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	02/18/2009	02/18/2009

<i>SERFF Tracking Number:</i>	<i>STFL-126036237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41561</i>
<i>Company Tracking Number:</i>	<i>03040.1</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Act Mem/Pg 3_4</i>		
<i>Project Name/Number:</i>	<i>Annuity 03040.1/Annuity DFA 03040</i>		

Disposition

Disposition Date: 02/18/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>	<i>03040.1</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Act Mem/Pg 3_4</i>		
<i>Project Name/Number:</i>	<i>Annuity 03040.1/Annuity DFA 03040</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Policy Identification Pages 3 and 4		Yes
Form	Policy Identification Pages 3 and 4		Yes

SERFF Tracking Number: STFL-126036237 State: Arkansas

Filing Company: State Farm Life Insurance Company State Tracking Number: 41561

Company Tracking Number: 03040.1

TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.003 Single Premium
Variable

Product Name: Annuity Act Mem/Pg 3_4

Project Name/Number: Annuity 03040.1/Annuity DFA 03040

Form Schedule

Lead Form Number: 03040.1

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 03040.1	Schedule Pages	Policy Identification Pages 3 and 4	Initial			03040.1 pg 3_4.pdf
	Form 03090.1	Schedule Pages	Policy Identification Pages 3 and 4	Initial			03090.1 pg 3_4.pdf

POLICY IDENTIFICATION

Annuitant	[JOHN J DOE]	Age	[45]
	[(Male)]		
Policy Number	[AS-0000-0000]		
Policy Date	[July 15, 2009]		
Issue Date	[July 15, 2009]		
Owner	[JANE A DOE]		

SCHEDULE OF BENEFITS

Form	Description
03040	Basic Plan (Deferred Annuity) Final Annuity Date:[July 15, 2059]

PREMIUM

Single Premium: [\$10,000.00]

INTEREST

First Interest Rate Guarantee Period ends[July 14, 2014]
First Interest Rate Guarantee: [1.00%] a year
First Interest Rate Renewal Date: [July 15, 2014]
First Year Additional Interest Rate: [1.00%] a year

Minimum Guaranteed Interest Rate: [1.00%]

At the end of the First and each subsequent Interest Rate Guarantee Period, a new current Interest Rate Guarantee and Interest Rate Guarantee Period are applicable. Each Interest Rate Guarantee Period will be at least one year.

WITHDRAWAL

Minimum Withdrawal Amount: [\$500.00]

TABLE OF SURRENDER CHARGES

Policy Year	Surrender Charge Percentage
1	9
2	8
3	7
4	6
5	5
6	4
7	3
8	2
9	1
10 & over	0

POLICY IDENTIFICATION

Annuitant [JOHN J DOE] Age [45]
Policy Number [LF-0000-0000]
Policy Date [July 15, 2009]
Issue Date [July 15, 2009]
Owner [JANE A DOE]

SCHEDULE OF BENEFITS

Form	Description
03090	Basic Plan (Deferred Annuity) Final Annuity Date:[July 15, 2059]

PREMIUM

Single Premium:[\$10,000.00]

INTEREST

First Interest Rate Guarantee Period ends[July 14, 2014]
First Interest Rate Guarantee:[1.00%] a year
First Interest Rate Renewal Date:[July 15, 2014]
First Year Additional Interest Rate:[0.00%] a year

Minimum Guaranteed Interest Rate:[1.00%]

At the end of the First and each subsequent Interest Rate Guarantee Period, a new current Interest Rate Guarantee and Interest Rate Guarantee Period are applicable. Each Interest Rate Guarantee Period will be at least one year.

WITHDRAWAL

Minimum Withdrawal Amount:[\$500.00]

TABLE OF SURRENDER CHARGES

Policy Year	Surrender Charge Percentage
1	9
2	8
3	7
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<i>Company Tracking Number:</i>	<i>03040.1</i>		
<i>TOI:</i>	<i>A021 Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A021.003 Single Premium</i>
<i>Product Name:</i>	<i>Annuity Act Mem/Pg 3_4</i>		
<i>Project Name/Number:</i>	<i>Annuity 03040.1/Annuity DFA 03040</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:	Flesch scores are not required for Policy Identification pages 3 and 4	

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:	This is an Informational Filing for revising only pages 3 and 4 and the Actuarial Memorandum. Policy was filed and approved previously.	